

I. BACKGROUND

Since its inception in 1965, Head Start has served nearly 14 million preschool children from low-income families in metropolitan and rural areas nationwide. Recognizing that children's futures depend on their social, emotional, and physical well being, the Head Start program works with parents and communities to ensure that children receive the educational, social, and health services they need to succeed both in their present environment and later in life.

As a national laboratory for early childhood development, Head Start has always been concerned with the quality of its programs and their effects on children and families. Since 1975, Head Start has promoted quality through its Program Performance Standards, which govern program services, and through its extensive training and technical assistance network. In the last few years, several initiatives have emerged to reinforce and strengthen this commitment to program quality and excellence. One of these efforts is the Head Start Program Performance Measures Initiative. In 1995, Head Start joined efforts throughout the Federal government to develop performance measures to promote accountability through the assessment of program quality and outcomes. This report is the Head Start Program's first progress report on its self-assessment using the evolving Program Performance Measures. These Program Performance Measures were developed using ideas from the broad community of people involved with the Head Start program and early childhood education. It is anticipated that the measures will continue to change over time, both as more data on the "outcomes" of Head Start become available to augment the "process" data that report on service provision and as new research demonstrates how Head Start program practices and children's development are linked.

Head Start's Program Performance Measures Initiative flows from the goals and principles of Head Start, but moves beyond setting standards for individual programs to assess how well the program as a whole is performing in a variety of areas. These Program Performance Measures will help Head Start continue the focus on results and improvement that already exists at the local level. Additionally, they will justify and document for Congress, Executive branch policymakers, and the public, the results its budgeted funds are producing by providing a mechanism for tracking progress over time.

1. Impetus for the Program Performance Measures

The Head Start Program Performance Measures Initiative is a response to a specific legislative mandate, broader public emphasis on accountability, and the general movement toward results-oriented evaluation. Specifically, the Program Performance Measures are being developed in accordance with the Government Performance and Results Act of 1993, the recommendations

of the 1993 Advisory Committee on Head Start Quality and Expansion, and the mandate of section 641A(b) of the 1994 Reauthorization of the Head Start Act.

Initial Federal impetus for the development of the Head Start Program Performance Measures came from the Government Performance and Results Act (GPRA), Public Law 103-620. Signed into law in July 1993, the Act requires all federally-funded programs to improve their performance and accountability. Commencing in FY 1997, the GPRA mandates will be phased in, requiring agencies to develop strategic performance plans, establish annual agency goals and present annual reports to Congress on program performance against those goals.

In concert with the goals of GPRA, a central principle emerging from the December 1993 report, “Creating a 21st Century Head Start,” from the Advisory Committee on Head Start Quality and Expansion was the need to ensure the quality of the services that Head Start programs provide for children and families. As a major component of this principle, the Committee proposed a program performance measurement process that would include:

- Identification of outcomes to be measured
- Selection of measures and data collection techniques
- Analysis of the information gathered.

The 1994 Head Start Reauthorization Act specifically defines performance measures as “methods and procedures for measuring, annually and over longer periods, the quality and effectiveness of programs operated by Head Start agencies.” The Act specifies that the measures be designed to appraise the various services provided by Head Start and be adaptable for use in Head Start agency self-assessments and monitoring reviews. It also envisions that these performance measures will be used to identify strengths and weaknesses in the Head Start program—both nationally and by region—and to pinpoint areas requiring additional training and technical assistance to improve performance.

Definition of Head Start Program Performance Measures:

Methods and procedures for measuring, annually and over longer periods, the quality and effectiveness of programs operated by Head Start agencies.

This movement toward increased accountability and results-oriented evaluation is occurring on many levels. Several concurrent efforts are taking place at the Federal level, including the Chief Financial Officers Act and the Vice President's National Performance Review, both of which added impetus to the development of the Head Start Program Performance Measures. Head Start is well on its way to complying with these mandates.

2. A Movement From a Focus on “Process” to a Focus on “Outcomes”

Throughout its 30-year history, Head Start has focused on the quality of services provided and has assessed quality through “process” indicators, such as the number of teachers with early childhood education degrees or Child Development Associate (CDA) credentials. These indicators have been measured primarily through compliance with the Head Start Program Performance Standards using the On- Site Program Review Instrument (OSPRI). Head Start also has monitored program accomplishments with the annual collection of program level data through the Program Information Report (PIR) and through the cost data submitted as part of the grant application process (HSCOST). Process indicators will always be important to Head Start because the quality and quantity of services provided are inextricably linked to the effects of the program. For example, research has shown that teacher credentials are closely associated with children’s educational gains. For this reason, several performance measures are derived from the recently revised Head Start Program Performance Standards. The Performance Standards were revised to comply with requirements of the 1994 Head Start Reauthorization Act.

Exhibit 1 depicts the relationship among Head Start’s ultimate goal of child’s social competence, Performance Standards and Performance Measures. While easily confused because of their similar names, the Head Start Program Performance Measures are not the same as the Head Start Program Performance Standards. They are not additional standards by a new name with which programs must comply, but rather goals to which all programs will aspire. Building on what local programs already do, they are a new way of examining what Head Start is producing and the results it is achieving at the national and Regional levels. They will provide Head Start with a way of assessing the outcomes that Head Start children and families are experiencing.

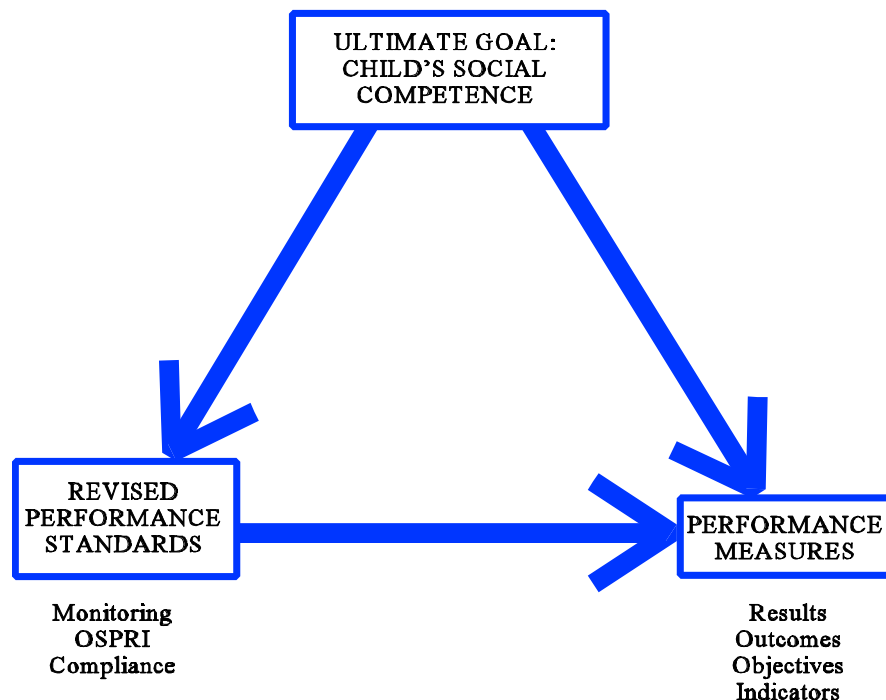
The Head Start Program Performance Standards are the mandatory regulations which grantee and delegate agencies must implement in order to operate a Head Start program. Over the years, a major strength of Head Start has been the recognition that communities are unique with respect to their populations, needed services and resources. Thus, local programs have been encouraged to develop a variety of approaches in meeting the Program Performance Standards. With these local variabilities in mind, the Program Performance Measures will focus both on the results achieved as well as the methods used to achieve them.

For measuring performance that enhances quality as well as quantity, both process and outcome indicators are essential. Head Start’s performance measures include only those process indicators that are closely linked to desired outcomes for the children and families it serves. Likewise, the performance measures define outcome indicators that are closely linked to the processes that Head Start programs manage and can refine or redirect in order to change those

outcomes. Processes measures with no obvious links to desired results may provide impressive quantitative data, but their role in assuring quality will be questionable. Outcome measures not clearly linked to the work carried out by programs—the processes—may be salutary, but they provide no insights into the quality of program performance.

Performance *Standards* define program *activities*;
Performance *Measures* define program *results*.

Exhibit 1 Goal, Standards and Performance Measures



Once the stage was set for the development of the Head Start Program Performance Measures, several activities began to achieve this goal. The following section is a summary of the progress that ACYF made between December 1993 and October 1996, the beginning stage of this long-term effort.

3. First Steps

The process of developing the initial set of Head Start Program Performance Measures was launched by a wide range of local, Regional and Central Office staff, parents, researchers, child advocates, policymakers and other key stakeholders in the Head Start program. The primary methods used in the initial development of the measures included:

- Conducting focus groups with a cross-section of individuals representing the Head Start community, national organizations and other experts in the education, child development, and early intervention fields
- Consulting with a Technical Work Group composed of experts in early childhood program operations, child development, health, social services, parent involvement, measurement, and review processes
- Consulting with the National Academy of Sciences' National Research Council Roundtable on Head Start Research
- Consulting with an ACYF team comprising representatives from each of ACF's 10 Regions and staff from both the Head Start Bureau, including the American Indian Programs and Migrant Programs Branches, and the Child Care Bureau.

The culmination of these efforts was the document *Charting Our Progress: Development of the Head Start Program Performance Measures*. This report outlines the genesis of the original 49 Head Start Program goals and their corresponding performance measures and data sources.

Following the publication of *Creating a 21st Century Head Start: Final Report of the Advisory Committee on Head Start Quality and Expansion* and the enactment of the 1994 Head Start Reauthorization Act, Head Start has undertaken a number of important initiatives designed to improve the quality of Head Start to serve better the needs of children and families and to be a vital part of the range of programs available to serve low-income families with children. Specific to the development of the performance measures are the establishment of the Quality Research Centers (QRCs) and the Performance Measures Center (PMC). In the fall of 1995, ACYF awarded five-year grants to four Quality Research Centers (Education Development Center, Inc. in Newton, MA with partners at Harvard University and Boston College; Frank Porter Graham Development Center at the University of North Carolina at Chapel Hill; High/Scope Educational Research Foundation in Ypsilanti, MI; and the Center for the Study of Adult Literacy at Georgia State University). Each QRC was required to team with at least one Head Start program that agreed to participate as a research partner throughout the course of the project. In addition, two logistical support contractors, Caliber Associates and their subcontractor, Mathematica Policy Research, were awarded a one-year contract to assist the QRCs in their work.

Each QRC is involved in two standards of research. The first, “cross-cutting research,” includes broad collaborative efforts among the Consortium members. One of the Consortium’s primary cross-cutting goals is to link quality practices and outcome measures for Head Start children and families and subsequently to develop new data collection instruments for the Head Start Program Performance Measures Initiative. In addition to these joint projects, each QRC has a “center-specific” research agenda which reflects its individual expertise and will contribute uniquely to the Bureau’s understanding of the relationship between quality practices and positive outcomes for children and families.

As the QRCs continued to develop these performance measures and data collection instruments to collect these data, ACYF anticipated the need for increased logistical support and a team of seasoned national data collectors to serve as a focal point for the collection, management, analysis and dissemination of Head Start Program Performance Measures data. To meet these demands, ACYF funded in September of 1996 the Performance Measures Center (PMC). The PMC is a five-year project that was awarded to a team of Federal contractors: Westat, Inc. and Ellsworth Associates. The PMC will become an important player in the QRC Consortium by collecting performance measures data from a nationally representative sample of Head Start programs, children and families beginning in the Spring of 1997. This initiative is called FACES (Family and Child Experiences Survey) and is discussed in greater detail in Chapter III. The PMC also will function as a clearinghouse for the work of the QRC Consortium and Head Start Program Performance Measures data, provide logistical support, and conduct secondary data analyses to augment the cross-cutting research efforts of the QRCs.

In addition to the important work of the QRCs and PMC, several other related quality initiatives are currently underway. They include:

- Revision of the Head Start Program Performance Standards (finalized in November, 1996)
- Revision of the training and technical assistance system
- Review and revision of the Head Start monitoring system to improve program quality
- Improvements in the grant-making system for Head Start.

4. The Nature of the Head Start Performance Measures

As defined in the first chapter of this report, performance measures are methods and procedures for assessing, annually and over longer periods, the quality and effectiveness of programs operated by Head Start agencies. The measures were developed with the following criteria in mind:

- Results orientation. Measures quantify the prevalence of program characteristics and activities that are closely associated with, or are indicators of, positive outcomes for children and families (e.g., staff: child ratios and gains in language skills).
- Credibility. Measures focus on processes and results that are readily understood and valued by the Head Start community, early childhood professionals, Congress, and the public.
- Accountability. The measures reflect only processes and outcomes for which the program is responsible. Considerations include the types of results to be achieved and the likelihood of achieving them given the time children spend in Head Start, generally one to two years.
- Practicality. Measures are based on data that are currently collected regularly or can be collected periodically with minimum burden on local Head Start programs and families.

A basic tenet of the Head Start Program is that individual programs must have the flexibility to meet the unique needs of their communities. Thus, rather than setting absolute outcomes for individual programs to meet, program quality must be measured progressively from each program's "baseline" situation. These performance measures provide a tool for individual programs to assess themselves for strategic planning purposes. These data will not be used by Federal staff to assess each program. The process for on-site monitoring (currently the On-Site Program Review Instrument) will remain the primary method by which programs are gauged at the Federal level for compliance with the Performance Standards. This initiative will impose no additional monitoring requirements or resource demands on grantees.

The Head Start Program Performance Measures in *Charting Our Progress* were based on the four major domains of the Head Start Program:

- Health
- Education
- Partnerships with Families
- Program Management.

Currently, an ACYF working group continues to refine the Head Start Program Performance Measures. One of the key modifications to the initial set of measures is that they have been recategorized into Head Start Program *objectives*, rather than the programmatic domains of the original 1975 Head Start Performance Standards. This change reflects the basic linkage of process measures with outcome measures, and differentiates the relationship between process and outcome measures and the ultimate goal of the Head Start Program: children's social competence. Additionally, measures are being clarified and combined, and indicators, or "data statements," for these measures are being identified. The next chapter of this report provides the Head Start Program Performance Measures conceptual framework, the current set of performance measures, performance indicators, data sources, and selected performance measures data.

II. CONCEPTUAL FRAMEWORK

A conceptual framework unifies and organizes the performance measures. While the original organization of the measures was based on the component areas of the Head Start Program, the proposed conceptual framework is designed to display the linkages between process and outcome measures for Head Start children and their families.

1. The Model

A conceptual framework for the measures is presented in Exhibit 2. This exhibit is a pyramid which graphically represents how the Head Start Program Performance Measures are organized and, more importantly, how they relate to the ultimate goal of the program: children's social competence. Social competence, as defined by the Head Start Program, refers to the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive, emotional, and social development; physical and mental health; and nutritional needs.

Social competence is a child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life.

Social competence is depicted at the top of the pyramid, with five objectives supporting it:

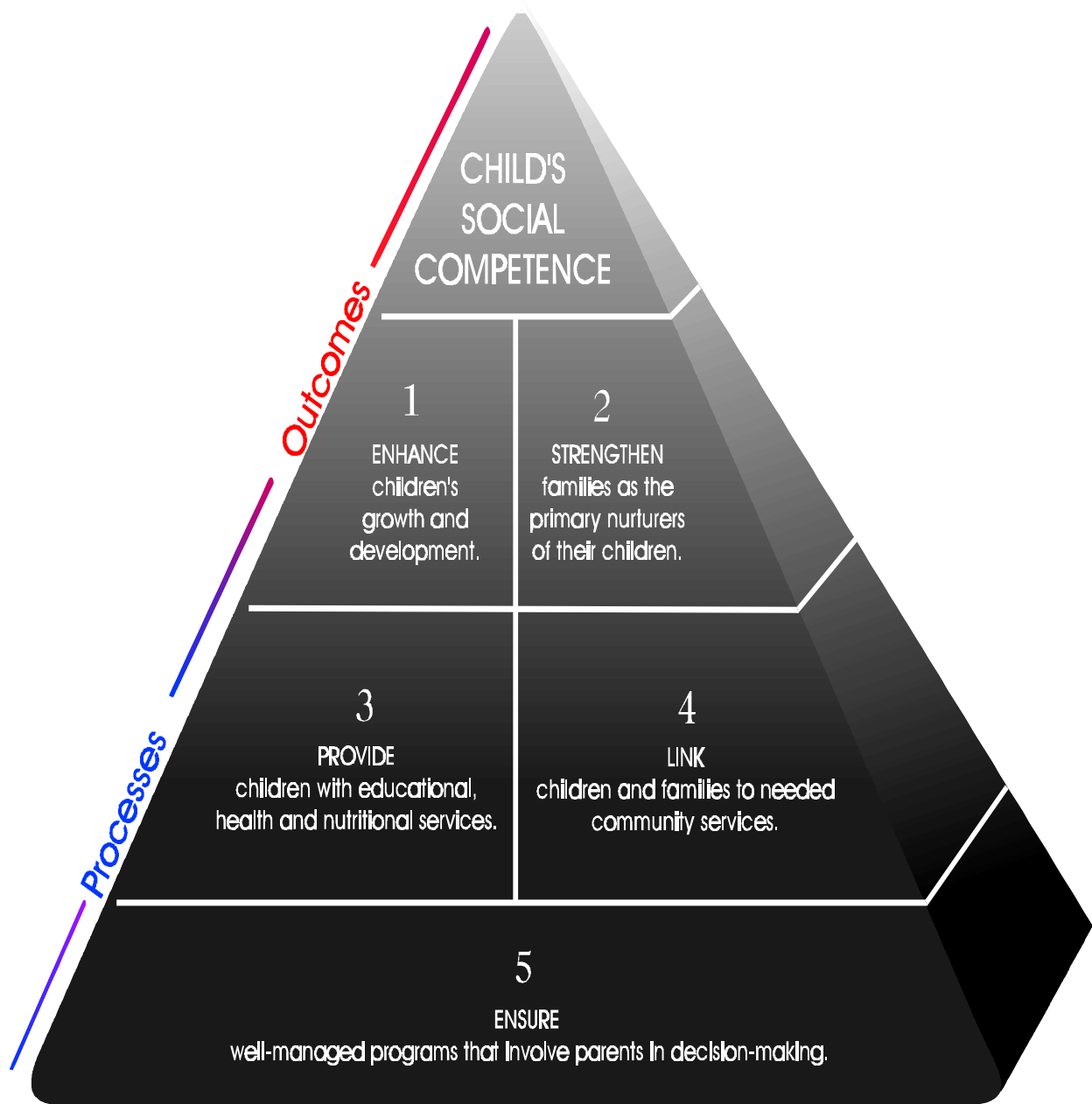
- Objective 1. Enhance children's healthy growth and development
- Objective 2. Strengthen families as the primary nurturers of their children
- Objective 3. Provide children with educational, health and nutritional services
- Objective 4. Link children and families to needed community services
- Objective 5. Ensure well-managed programs that involve parents in decision-making.

Each of these objectives is critical to helping Head Start children attain their full potential. A detailed discussion of the contribution of each objective to the goal of child's social competence follows.

In the pyramid, directly below the Head Start program's goal are objectives 1 and 2, both representing outcomes or results that the program is designed to produce. Achieving both of

Exhibit 2

Head Start Program Performance Measures Conceptual Framework



these objectives is critical to the ultimate success of Head Start. Head Start has always been a two-generation program which seeks to improve the social competence of children through direct service provision to the child as well as through family-centered support. Therefore, both child- and family-oriented outcome measures data will be collected as a way of gauging the overall success of the program.

Objectives 3, 4, and 5 comprise the lower tiers of the pyramid and contain the process measures that are key to the attainment of objectives 1 and 2 and the ultimate goal of enhancing children's social competence. Process measures assess program activities and form the foundation for the attainment of positive outcomes, or program results. The provision of high quality services is the crux of these measures. Head Start's dedication to a continued emphasis on meeting and exceeding standards of excellence will foster an environment in which children can achieve a greater degree of social competence. Thus, program structure and activity are depicted as supporting the results experienced by Head Start children and families.

The provision of *high quality services* is critical to the attainment of children's social competence.

A more detailed analysis of the structure of the pyramid illustrates finer relationships among the objectives. Adjacent to the objective of enhanced child growth and development is the provision of educational, health and nutritional services to children. This proximity signifies the strong empirical connection between the provision of quality services (process measures) and improvements in child development (outcome measures). Similarly, adjacent to the objective of stronger families is the linkage of children and families to needed community services. Crucial to the functioning of a family is its connection to its community.

At the very base of the pyramid is the objective of ensuring a well-managed program that involves parents in decision-making. None of the other objectives, process- or outcome-based, can be achieved without a well-managed program that employs qualified staff and fosters the participation of parents. Although graphically the furthest section of the pyramid from the program goal, a high quality program serves as the foundation necessary to achieve the ultimate goal of the program.

2. Performance Measures, Performance Indicators and Data Sources

In addition to being categorized into this new framework, the measures have been consolidated and indicators and data sources identified for each. To facilitate using the new categorization, the performance measures have been numbered consecutively 1-24, across the objectives. Performance indicators are “data statements” that tell an empirical story about the underlying purpose of each measure. The data source is either whom the information will be gathered from (if the data will come from a new data collection strategy) or the current Head Start system that will provide the data. Exhibits 3 and 4 provide examples of Head Start performance measures, their performance indicators, and data sources. Appendix A of this report contains a full matrix of all Head Start Program Performance Measures with their associated indicators and data sources.

Exhibit 3 details a performance measure for which data are currently available: Objective 3: Provide children with educational, health, and nutritional services; Performance Measure 12. Head Start children receive medical, dental and mental health services. Current performance measures data come primarily from the Program Information Report (PIR) and the Head Start Monitoring Tracking System (HSMTS). The PIR captures information about the type and extent of services provided and the types of children and families being served by Head Start programs on an annual basis. For example, it contains information on the number and percent of Head Start children who receive needed medical services, dental services, mental health services, and immunizations (comprising four of the performance indicators in Exhibit 3).

The HSMTS data also are used as performance indicators. For this performance measure, HSMTS contains information about the number and percent of monitored programs in which treatment was obtained or arranged for all identified child health problems. Trend data for this measure and all other measures whose source is a current Head Start data base are presented in detail in Appendix B.

EXHIBIT 3 EXAMPLE OF HEAD START PERFORMANCE MEASURE WITH EXISTING DATA SOURCES		
OBJECTIVE 3: PROVIDE CHILDREN WITH EDUCATIONAL, HEALTH, AND NUTRITIONAL SERVICES		
PERFORMANCE MEASURE	PERFORMANCE INDICATOR	DATA SOURCE
13. Head Start assures children receive medical, dental, and mental health services.	The number and percent of Head Start children who receive needed medical services	PIR, HSMTS
	The number and percent of Head Start children who receive needed dental services	PIR
	The number and percent of Head Start children who receive needed mental health services	PIR
	The number and percent of Head Start children who received needed immunizations	PIR

Exhibit 4 provides an excerpt of Objective 1, Performance Measure 1. This is an outcome measure for which data are not available from existing Head Start data bases. The first performance indicator presented for this measure includes Head Start children's scores on a receptive vocabulary test (a "child assessment"). Data collectors will administer a well-known instrument used to assess preschool children's word knowledge to a national probability sample of Head Start children in the Fall ("pre" measure) and the Spring ("post" measure). Aggregate scores that have been normalized to be age-appropriate will be used to "indicate" the extent to which Head Start children demonstrate emergent literacy and the progress they have made over the course of the year.

EXHIBIT 4 EXAMPLE OF HEAD START PERFORMANCE MEASURE WITHOUT EXISTING DATA SOURCES		
OBJECTIVE 1: ENHANCE CHILDREN'S GROWTH AND DEVELOPMENT		
PERFORMANCE MEASURE	PERFORMANCE INDICATOR Percent of change in:	DATA SOURCE
1. Head Start children demonstrate improved emergent literacy, numeracy, and language skills.	Head Start children's emergent literacy	Child assessment, parent interview, teacher ratings
	Head Start children's language skills	Child assessment, parent interview, teacher ratings
	Head Start children's numerical skills	Parent interview, child assessment

Since the Program Performance Measures Initiative is still in its nascent stages, some measures have more comprehensive performance indicators than others. As performance measures data are collected, performance indicators will change as we learn more about how to interpret and use those measures.

3. The Performance Measures

In this section, we present the set of 24 Head Start Program Performance Measures (Exhibit 5) and examples of the available data for the first reporting year. Currently, Head Start has at least partial data for 13 of these measures (since most measures have multiple indicators, current data may cover only a piece of the corresponding performance measure). Performance measures data for this first reporting year come primarily from the PIR and the HSMTS. Data from the PIR are presented for all children, families, or programs in the years specified. Data from the HSMTS are available only from those programs that were monitored during the reported year (approximately one-third of all programs each year).

Since objectives one and two contain primarily outcome measures for which data are not currently available, surrogate data from the National Household Education Survey (NHES) are available to support measures one and seven. Additionally, measure nine has PIR data available. Objective three data are available for measures 12 through 15, and only measure 19 under objective four has supportive existing data. All five of the measures (20-24) under objective five have current data.

EXHIBIT 5
HEAD START PROGRAM PERFORMANCE MEASURES

1 OBJECTIVE 1: ENHANCE CHILDREN'S GROWTH AND DEVELOPMENT.

1. Head Start children demonstrate improved emergent literacy, numeracy, and language skills.
2. Head Start children demonstrate improved general cognitive skills.
3. Head Start children demonstrate improved gross and fine motor skills.
4. Head Start children demonstrate improved positive attitudes toward learning.
5. Head Start children demonstrate improved social behavior and emotional well-being.
6. Head Start children demonstrate improved physical health.

2 OBJECTIVE 2: STRENGTHEN FAMILIES AS THE PRIMARY NURTURERS OF THEIR CHILDREN.

7. Head Start parents demonstrate improved parenting skills.
8. Head Start parents improve their self-concept and emotional well-being.
9. Head Start parents make progress toward their educational, literacy, and employment goals.

3 OBJECTIVE 3: PROVIDE CHILDREN WITH EDUCATIONAL, HEALTH AND NUTRITIONAL SERVICES.

10. Head Start programs provide developmentally appropriate educational environments.
11. Head Start staff interact with children in a skilled and sensitive manner.
12. Head Start programs support and respect children's cultures.
13. Head Start assures children receive needed medical, dental, and mental health services.
14. Head Start children receive meals and snacks that meet their daily nutritional needs.
15. Head Start programs provide individualized services for children with disabilities.

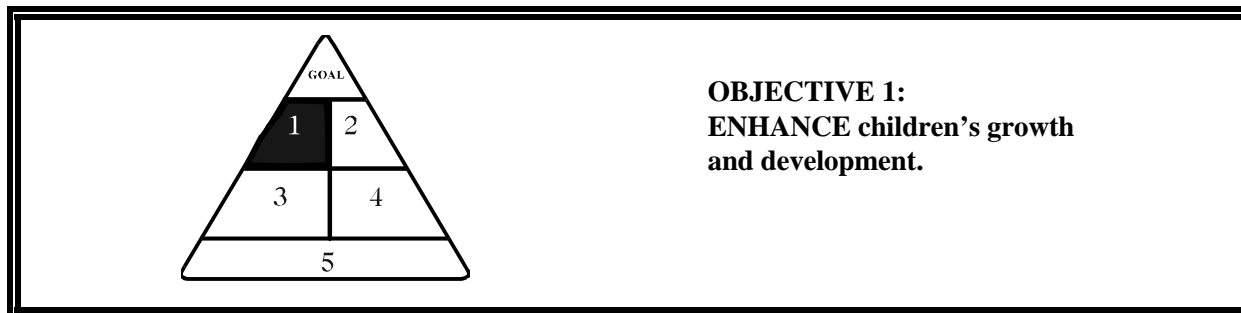
4 OBJECTIVE 4: LINK CHILDREN AND FAMILIES TO NEEDED COMMUNITY SERVICES.

16. Head Start parents link with social service agencies to obtain needed services.
17. Head Start parents link with educational agencies to obtain needed services.
18. Head Start parents link with health care services to obtain needed care.
19. Head Start parents secure child care in order to work, go to school, or gain employment training.

5 OBJECTIVE 5: ENSURE WELL-MANAGED PROGRAMS THAT INVOLVE PARENTS IN DECISION-MAKING.

20. Head Start programs are well-managed.
21. Head Start parents are involved actively in decisions about program operations.
22. Head Start programs employ qualified staff.
23. Head Start programs support staff development and training.
24. Head Start programs comply with Head Start regulations.

In the following section, selected measures are presented according to the Head Start Program Performance Measures Conceptual Framework objective areas (Chapter II, Exhibit 2). Data for the remaining measures for which data are available are presented in Appendix B.



Data for this objective have not been collected yet by the Head Start Bureau. The FACES initiative and other research studies will generate these data in the years to come. In the absence of primary performance measures data for this important objective, secondary data from the School Readiness Component of the 1993 NHES, conducted by the National Center for Education Statistics of the U.S. Department of Education, are presented to provide a snapshot of how Head Start children are faring. The NHES administrators interviewed parents of a national probability sample of 4,423 three to five-year-old children, including 2,000 four-year-olds. Among these four-year-olds, 244 from low-income families were reported to be currently attending Head Start, while another 181 from low-income families had never attended any center-based preschool program. These data are presented for the first measure under Objective 1.

Performance Measure 1: Head Start children demonstrate improved emergent literacy, numeracy, and language skills.

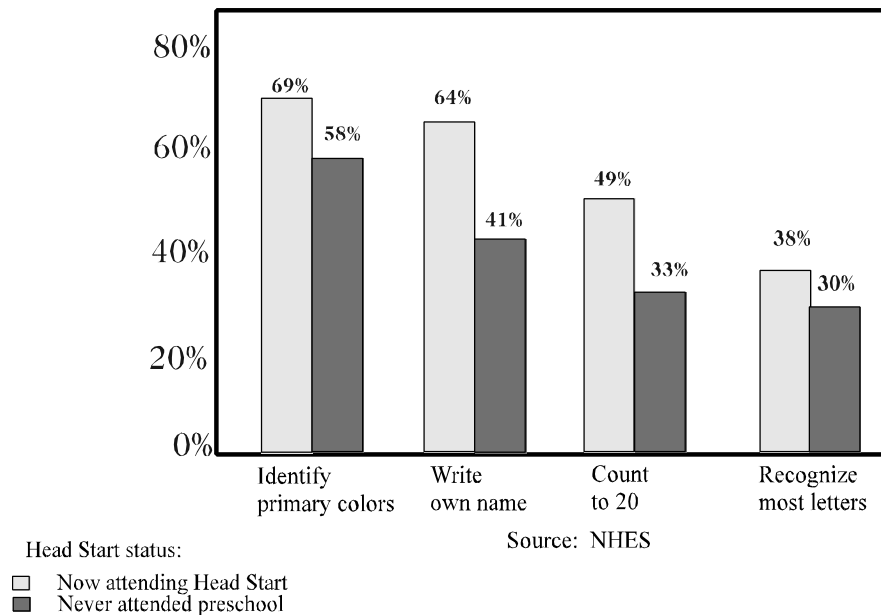
Indicator: [Percent of change in] Head Start children's emergent literacy

Indicator: [Percent of change in] Head Start children's numerical skills

Data from the NHES are comparative in nature, presenting a snapshot of outcomes for children attending Head Start against children who have never attended a preschool program. Therefore, these surrogate data will not provide a "percent of change in" measure as written in the indicator statement. Future data for the outcome measures under objectives one and two, however, will be collected in the Fall and in the Spring, providing measures of change over the course of the Head Start year.

As shown in Figure 1, according to their parents, 69 percent of the four-year-olds in Head Start were able to identify the primary colors by name, whereas the same was true of 58 percent of the four-year-olds from poverty-level families who had not been in a preschool program. Also, 49 percent of the former group could count to 20 or higher, whereas only 33 percent of the latter could. Thirty-eight percent of the Head Start children could recognize most letters of the alphabet, compared to 30 percent of the non-Head Start children.

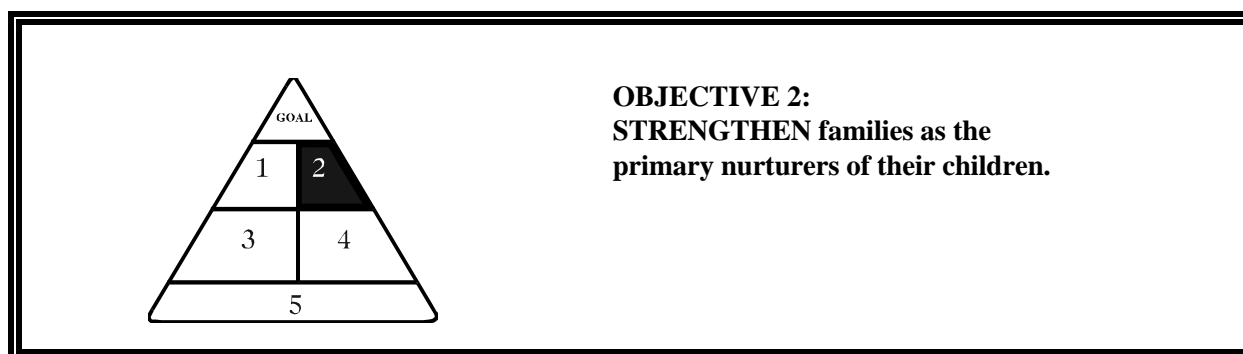
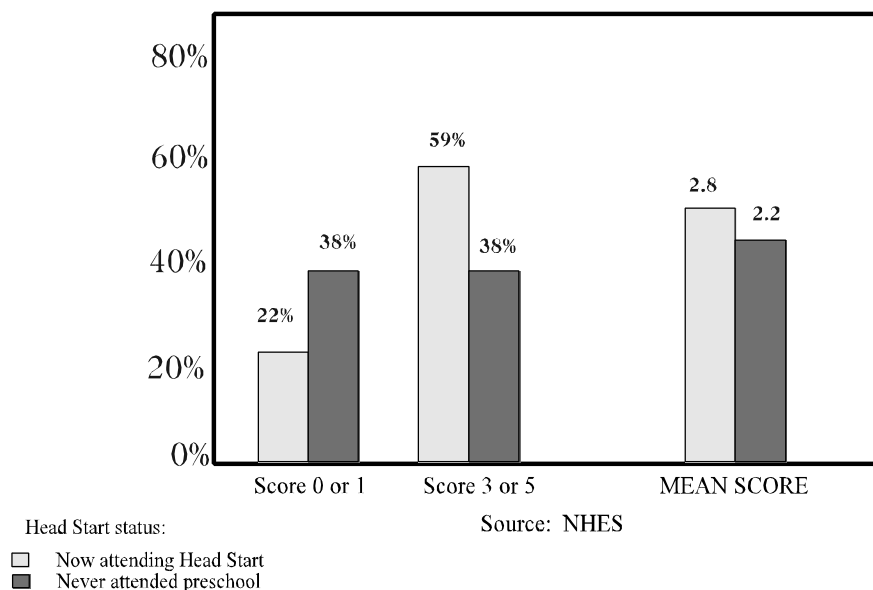
Figure 1. Emergent Literacy Indicators: Four-Year-Olds in Poverty



On an emerging literacy scale of zero to five (based on the four tasks shown in Figure 1 and whether children pretend to read children's books), Figure 2 shows that the Head Start children had an average score of 2.8, whereas the average for the non-Head Start children was 2.2. A 59 percent majority of the Head Start children achieved scores between three and five on this scale, whereas the same was true of only a 38 percent minority of the non-Head Start four-year-olds.

Multivariate analyses of data from the survey show that Head Start (and other center-based preschool programs) give a significant boost to emerging literacy, even after other child and family factors (such as the child's age, gender, race, and the family's poverty status, number of parents in the home and level of parents' educational attainment) are taken into account statistically.

Figure 2. Mean and Scale Scores on Emergent Literacy



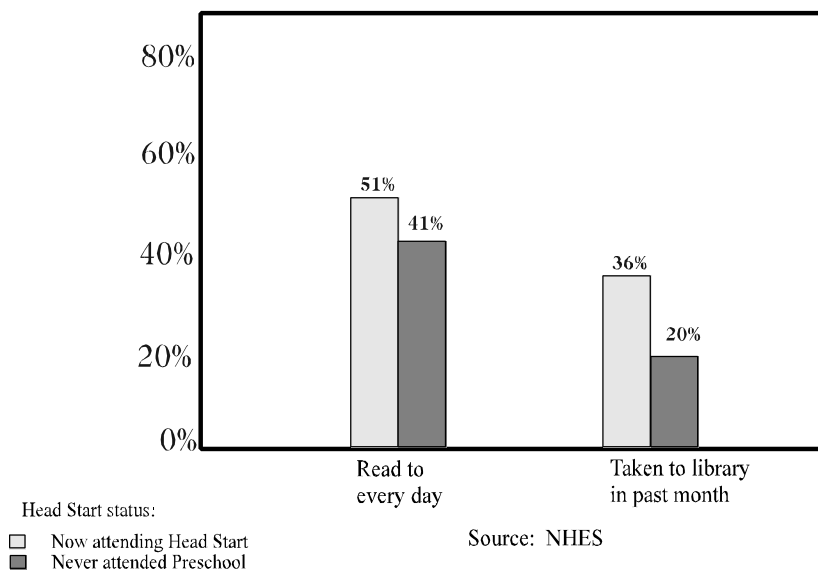
Nationwide data on the positive changes that families experience as a result of their participation in Head Start are not currently available. Data relevant to this objective are being collected as part of the FACES initiative (see Chapter III for a description) and other research studies and will be presented in future Head Start Program Performance Measure Reports. In the meantime, secondary data from the School Readiness Component of the 1993 National Household Education Survey, conducted by the National Center for Education Statistics of the U.S. Department of Education, are presented to provide a snapshot of Head Start parents' educational activities with their children toward the end of the Head Start year. In addition, a partial measure of the extent to which Head Start parents make progress toward their employment goals is available in PIR data. These data are also presented below.

Performance Measure 7: Head Start parents demonstrate improved parenting skills.

Indicator: [Percent of change in] Head Start children's learning environment in the home

Many studies of families with young children have found that children from low-income families tend to engage in fewer educational activities at home than children from middle income families. When families participate in Head Start, however, parents are encouraged to read or tell stories to their preschoolers, to play with the children in ways that are developmentally appropriate, and to engage in other activities that stimulate intellectual growth and social development. And indeed, the National Household Education Survey found that four-year-olds in Head Start were significantly more likely to have parents who reported reading frequently to the child and had recently used the library, than were four-year-olds from low-income families who were not in Head Start and had never been in a center-based preschool program. As shown in Figure 3, 51 percent of children in the Head Start group had parents who reported reading to their children every day, compared with 41 percent of children in the latter group. Thirty-six percent of the Head Start children, versus 20 percent of the four-year-olds from low-income families who had not attended Head Start or another center-based program, had been taken to the library by their parents in the last month. Because these data are cross-sectional rather than longitudinal, it cannot be said for certain that reading and library use increased subsequent to Head Start enrollment. But the differences between Head Start and other low-income families remained after factors such as parent education level, family size, minority language status, and single-parent status were statistically controlled.

**Figure 3. Parents Providing Learning Environments
For Their Children: Four-Year-Olds in Poverty**

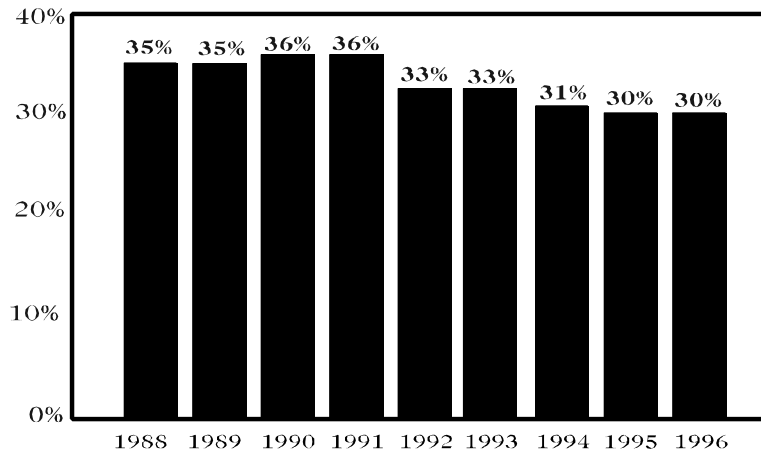


Performance Measure 9: Head Start parents make progress toward their educational, literacy, and employment goals.

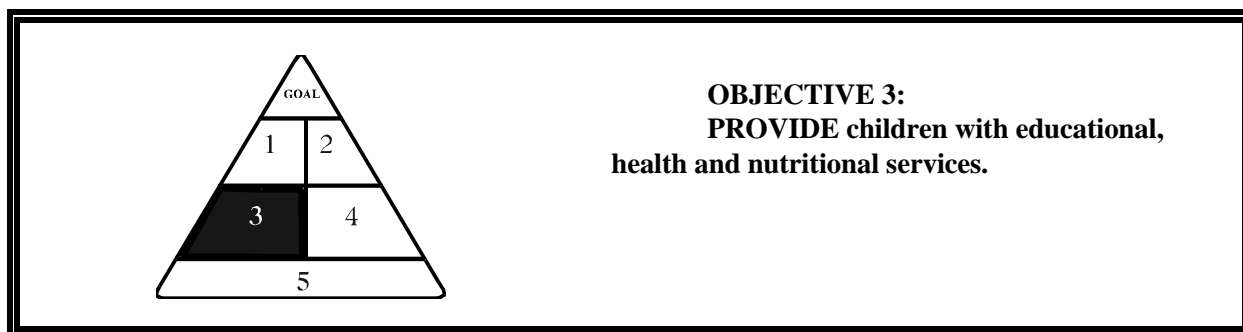
Indicator: Of the total number of paid staff or volunteers, the number and percent who are current or former Head Start parents

Head Start programs provide welcoming environments for all families and promote parent involvement in the program. Programs also make efforts to hire current and former Head Start parents. As shown in Figure 4, the percent of paid Head Start staff who are current or former Head Start parents was at 35 percent in 1988 compared to 30 percent in 1996 (PIR). While this represents a slight drop in the overall percentage, the actual number of staff who are current or former Head Start parents has risen dramatically from 27,035 in 1988 to 43,969 in 1996. This increase is both a reflection of the increasing enrollment in Head Start and the commitment to helping parents achieve their employment and education goals.

Figure 4. Percent of Paid Staff Who Are Current or Former Head Start Parents



Source: PIR



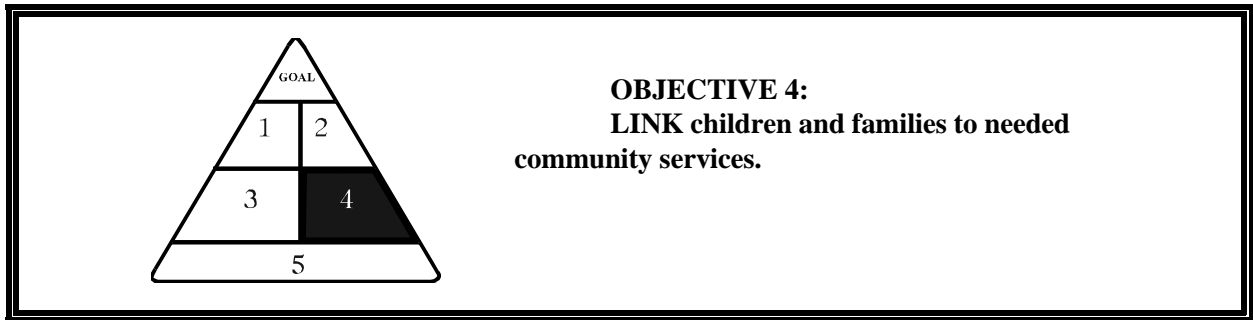
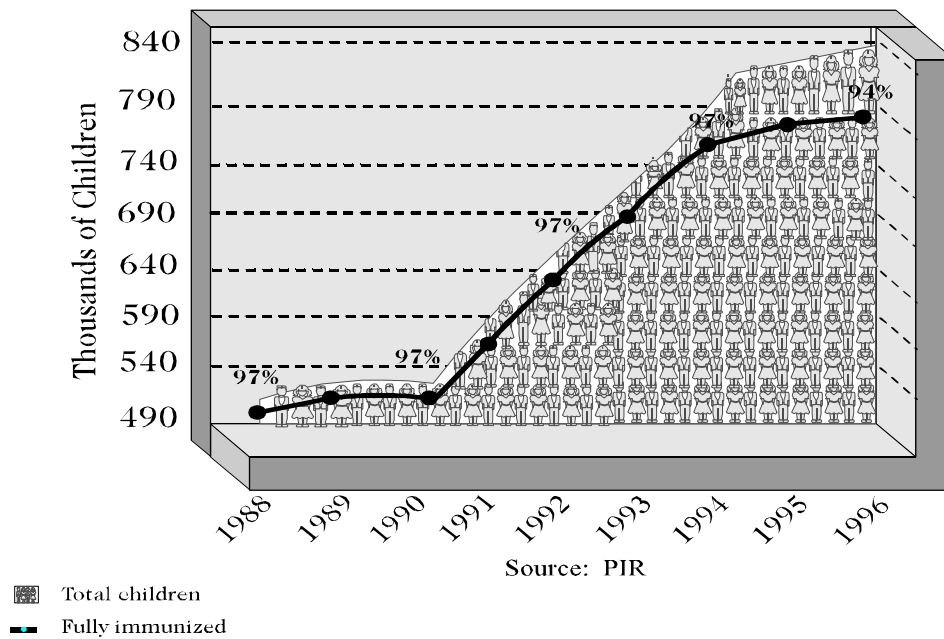
Objective 3 comprises measures that assess the extent to which Head Start children receive needed services. Among these services are immunizations. Data reflecting the number and percent of Head Start children that receive immunizations follow.

Performance Measure 13: Head Start children receive needed medical, dental, and mental health services.

Indicator: The number and percent of Head Start children who received needed immunizations

Head Start has an outstanding record of assessing and assuring that immunizations are received by enrolled children. The number of children whose immunizations are up-to-date has risen steadily from 499,968 in 1988 to 781,678 in 1996 (note that the total number of children in a given year will be higher than the total funded enrollment due to turnover). As Figure 5 shows, even with the dramatically increased enrollment from 1990 to 1994, Head Start continued to maintain high levels of completed immunizations (96-97 percent). There is, however, a slight decrease in the percentage immunized, from 97 percent in 1994 to 93 percent in 1995 and 94 percent in 1996. New Head Start immunization standards that were higher than many state standards may have contributed to this difference. The revised Head Start Program Performance Standards, which become effective January 1, 1998, require that programs comply with immunization recommendations established by the Centers for Disease Control and Prevention and the schedule of well child care employed by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program for the state in which they operate.

Figure 5. Number and Percent Of Children With Up-to-Date Immunizations



Providing linkages to other service sources in the community is a critical role of Head Start programs. Specifically, the need for child care for low-income, working families will increase as the Temporary Assistance for Needy Families (TANF) program is implemented. Data that exhibit the extent to which Head Start programs are involved in assisting families to secure needed child care follow.

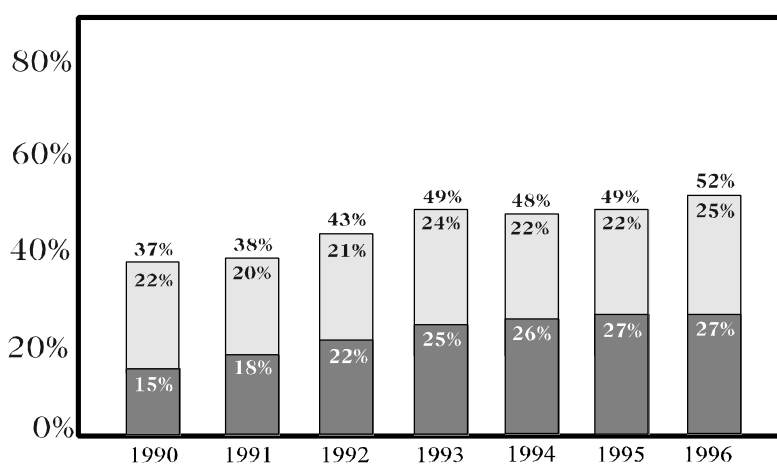
Performance Measure 19: Parents secure child care in order to work, go to school, or gain employment training.

Indicator: The number and percent of Head Start programs providing child care
Indicator: Of the Head Start programs that do not provide child care to Head Start children, the number and percent of Head Start programs providing linkages to child care

Presently, no specific data are available that indicate the number of parents receiving child care services from Head Star or other sources in the community. However, data are available on the number of programs that operate extended child care programs that serve Head Start children.

Figure 6 shows the percentage of Head Start programs that operated child care programs from 1990 through 1996. The first section of each stacked bar shows the percentage of programs operating child care for Head Start children. This percentage has increased consistently over time, from 15 percent in 1990 to 27 percent in 1996. The top section of the stacked bar represents the percentage of programs that provide linkages for families to child care in the community, but do not provide these services directly. This number has risen slightly: 22 percent of programs provided linkages in 1990, whereas 25 percent provided this assistance in 1996.

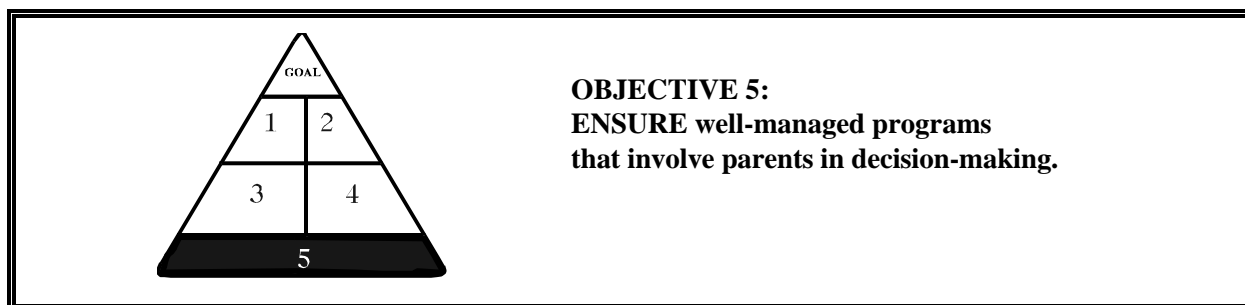
Figure 6. Percent of Programs Providing Child Care Directly or Through Referrals



Source: PIR

- Head Start programs operating child care for Head Start children
- Head Start programs that had arrangements with child care providers

Overall, the percentage of programs providing child care services either directly or through referrals to Head Start children has increased from 37 percent of all programs to 52 percent of all programs. It is likely that the proportion of programs providing referrals or child care will continue to increase as demand for these services grows.



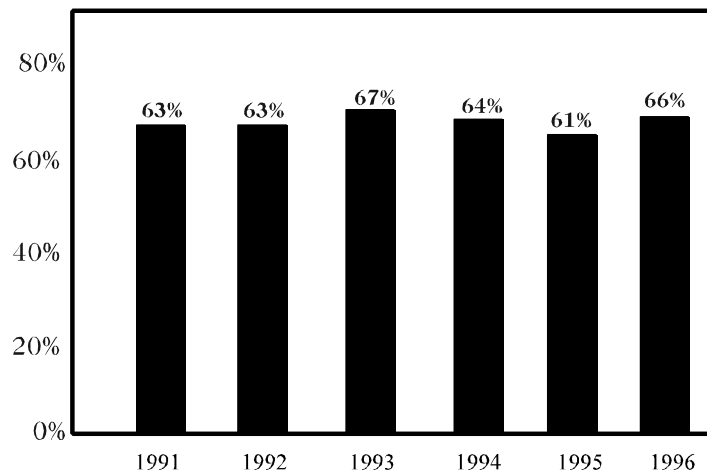
The base of the pyramid contains measures about program operations. Among these measures are indicators that assess the quality of Head Start staff and the extent to which parents are involved in all decisions that impact program operations. Data for two of these measures are presented below.

Performance Measure 21: Head Start parents are involved actively in decisions about program operations.

Indicator: The number and percent of programs that met all of the criteria regarding effective parent participation in the process of making decisions about the nature and operation of Head Start

The Head Start program has always sought to involve parents into all aspects of decision-making. To meet the requirements for effective parent participation, program must ensure that parents are included in decisions regarding budgeting, staffing, and program self-assessment and that parents are properly represented in Policy Groups for all program options. As Figure 7 shows, of the programs monitored from 1991 through 1996, the number and percent of programs meeting all criteria for effective parent participation remained roughly constant at approximately two-thirds. It is important to note that grantees must comply with a series of parent participation requirements on the OSPRI. These percentages represent the proportion of monitored programs that were in compliance with each type of parent participation specified by the Performance Standards. In 1996, 66 percent of all monitored programs met all parent participation requirements.

Figure 7. Percent of Monitored Programs Meeting All Requirements for Parent Participation in Decision-Making



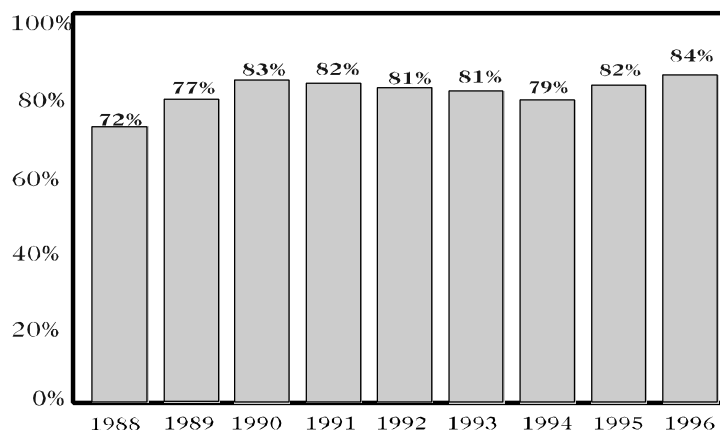
Source: HSMTS

Performance Measure 22: Head Start programs employ qualified staff.

Indicator: The number and percent of classroom teachers with a degree in Early Childhood Education (ECE), a Child Development Associate (CDA) credential, a State-awarded preschool certificate, or a degree in a field related to ECE plus a State-awarded certificate

A qualified workforce is vital to providing quality services to Head Start children and families. As Figure 8 depicts, the percentage of teachers with an ECE degree, a CDA credential or a California Preschool Certificate has increased substantially between 1988 (72%) and 1996 (84%). This increase has occurred during a time when the number of classroom teachers has risen dramatically from 19,369 in 1988 to 35,243 in 1996. These proportional increases are especially impressive in light of growing enrollment and staff requirements.

Figure 8. Percent of Teachers With Early Childhood Credentials



Source: PIR

Information on the remaining measures for which data are currently available are presented in Appendix B. The next chapter provides an overview of Head Start's strategic plan for implementing the performance measures initiative.

III. STRATEGIC PLAN

The Head Start Program Performance Measures Initiative marks an improvement on the accountability systems already in place. While the Performance Standards ensure that individual programs meet important standards of quality, the new performance measures will have a much broader scope, providing information that will be used both by the Federal government to guide quality improvement efforts, both nationally and regionally, and by local programs to pursue program excellence for the children and families they serve. Specifically, the Head Start Bureau envisions a strategic plan that includes the following tasks in order to implement the performance measures:

- Establish an ongoing system of data collection
- Develop a communication plan
- Institute a feedback loop for policy and resource decisions
- Promote uses of the data by local programs.

Each of these tasks will require the cooperation and collaboration among the Head Start Bureau, Regional offices, grantees and contractors. Some of the specific responsibilities have already been assigned through the award of the Quality Research Centers and the Performance Measures Center; others will be determined as the Bureau's understanding of the requirements of the tasks continue to unfold.

1. Establish an Ongoing System of Data Collection

As described earlier in this report, Head Start already has an extensive information system in place. The Head Start Program Performance Measures Initiative will considerably expand this information base, allowing for progress on outcomes to be tracked over time. The measures will also help to refine Head Start's information-gathering. New data sources, based on information about the outcomes that Head Start children and families experience, will improve the knowledge base that Head Start Bureau, Regional Office, and program staff use to make decisions. This task involves two components: (1) the development and implementation of new data collection activities; and (2) refinements of existing data systems.

New Data Collection Activities

The Head Start Bureau has created a wealth of new initiatives and systems to promote stronger accountability and program quality. Of particular relevance to the Head Start Program Performance Measures Initiative is the establishment of the Head Start Quality Research Consortium. In 1995, the Head Start Bureau established four Quality Research Centers (QRCs). One objective of the QRCs is to work cooperatively to develop and test instruments to gather

information on program performance measures. In 1996, the Head Start Bureau established a Performance Measures Center (PMC), which will use these instruments to conduct the Head Start Family and Child Experiences Survey (FACES). The FACES initiative is an ambitious effort to assess the performance of the Head Start program on an ongoing basis by means of a national longitudinal study of a representative sample of Head Start children and their families. The Head Start FACES project will provide valuable information on the overall effectiveness of Head Start and the relative value of specific approaches and procedures being implemented by different grantees across the country.

The FACES effort will collect the data that directly assess the effects of Head Start on child social competence including cognitive, physical, emotional and social development. It will examine parents' satisfaction with Head Start, their involvement with Head Start, their children's development, and their progress toward achieving the goals that they have established in such areas as becoming economically and socially self-sufficient. FACES also will examine directly the quality of Head Start programs, primarily through observations of classrooms and teacher-child interactions.

Data will be collected from a sample of 2,400 families with children enrolled in 160 randomly selected centers in 40 Head Start programs across the country. A more comprehensive validation substudy of 120 families will also be conducted. Data collection will begin in the Spring of 1997 with 800 three-year-old children and 1,600 four-year-old children. In the Fall of 1997 the three-year-olds returning to Head Start will be studied again, as will an additional 1,600 children. In the Spring of 1998, data will be collected on all of these families as well as 1,280 former Head Start families whose children entered kindergarten in the Fall of 1997. In future years, new samples of programs will be chosen.

In an effort to provide an accurate examination of the comprehensive goals of Head Start, data will be collected through a variety of methods. Well-established and widely used scales, assessments and observational protocols will be combined with specially tailored questionnaires to collect the wide-ranging information. Parental interviews will be the primary data source for information on parents. Child assessments will include direct measures of child development in vocabulary, emergent literacy, emergent numeracy, perceptual-motor development, and social and communicative competence. Parent and teacher ratings will complement these assessments by providing information from a more extended experience with the child. Classroom observations will directly measure the extent to which programs provide skilled teachers and developmentally appropriate environments and curricula for young children, as well as provide an observer's assessment of individual child social behavior. Program and center staff will be interviewed to

gain information about program philosophy and operations. Reviews of family records will provide demographic, program participation and family needs assessment information.

Existing Data Systems

An overarching goal of the Performance Measures Initiative is to reduce unnecessary burdens on grantees, while at the same time making the Head Start data system more useful to the Bureau and to grantees. The revision of the Program Information Report (PIR) has already begun with a revised form in 1996, designed to reduce reporting burden on grantees and to capture data elements suggested by the October 1995 preliminary performance measures report. The PIR will continue to be refined as other measures are developed.

Another data system, the Head Start Monitoring Tracking System (HSMTS), also will be studied in light of the revised Performance Standards and revised monitoring instrument to determine where the system can be streamlined to run more smoothly and to provide more usable data. One effort will determine how measures such as staff and child turnover and teacher salaries and qualifications correlate with overall program quality and whether benchmark levels can be set for these indicators.

Other reporting systems, such as the grant application (HSCOST), is being reviewed to determine how to better support the revised Performance Standards and to eliminate unnecessary reporting burden, as well as how to use automation more efficiently.

The final component of this task is to coordinate the measures initiative more effectively with the Head Start research and evaluation agenda. A goal of ACYF and Head Start is to collect data more effectively and efficiently. To this end, plans for the performance measures data collection through the PMC, the QRCs and other efforts within the Bureau are being coordinated to ensure that all of the key information is being collected and that different studies will provide complementary, rather than duplicative, data. The administration of FACES, a joint data collection effort crafted to support both the performance measures initiative and the Head Start Families Descriptive Study, is a prime example of this type of collaboration.

2. Develop a Communication Plan

This task is underway, with the preparation and dissemination of this Progress Report on the Head Start Program Performance Measures. This report will be updated on a periodic basis to include progress to date, reports on performance measures data as they become available, assessments of performance measures and suggested revisions to the goals and measures, and

descriptions of how the findings are being communicated to other Federal agencies, organizations and the public at-large.

The success of the Head Start Program Performance Measures Initiative, like other Head Start quality improvement efforts, hinges on local program support and participation. Therefore, a critical component of this task is establishing ongoing communication with grantees and with Regional offices and T/TA staff.

To inform others of the performance measures work and to ensure that the Head Start Bureau learns from the work of others, special efforts will be made to discuss and disseminate information about the performance measures to a broad range of policymakers, such as the Congress and other related Departments, such as Education. One main way to do this is through the publication of this report. In addition, conversations will be initiated beyond ACF/HHS at the community, State, and national levels.

3. Institute a Feedback Loop for Policy and Resource Decisions

While the results from the measures will provide important accountability information, they will also serve as an important strategic tool for Head Start. As the Bureau continually assesses where it has been and where it is going, the measures can provide important information to help in setting goals. For instance, the measures will be helpful in highlighting program strengths and achievements while drawing attention to problem program areas. This knowledge can be used to make concrete goals about program improvement over time and to help identify practical ways to achieve those goals.

In this way, the information gathered on performance can be translated into goals toward which Head Start can strive. Goals will be determined mutually through partnerships made up of Federal, Regional, and local program representatives, and strategies will be designed to help meet these goals.

Analyses of the program performance measures data also can help in answering difficult questions about budgets and the appropriate use of scarce funds. For example, policymakers may decide to invest more support for staff in key areas if their skill levels need improvement.

Another important role for the performance measures will be to reveal performance expectations that are difficult to meet. This information may suggest where to target quality improvement funding as well as identify areas warranting further investigation through research.

Generally, the dissemination of the Head Start Program Performance Measures will help the Head Start Bureau in its dialogues with Congress, executive level policymakers, the press and the general public to justify and document what is being accomplished with its budget. Through the avenues discussed above, the Head Start Program Performance Measures will be an important component of the Bureau's efforts to provide national and local information and to enhance Head Start's level of performance into the next century.

4. Promote Uses of The Data by Local Programs

The ultimate goal of this project will be to use the information gathered and findings derived to improve quality in local programs. Movement toward an outcome-oriented management strategy began during the September 1996 Head Start Management Leadership meeting. In addition, training and technical assistance efforts will be shifted to reflect the new focus on measures.

At the local level, programs can use the data to compare themselves with national or Regional profiles and use the findings for local self-improvement efforts. Indeed, many of Head Start's most outstanding grantees already conduct such self-assessments using existing Head Start data. They use these comparisons for strategic planning, setting service targets and identifying areas needing training or technical assistance or management attention. Local programs can work in concert with other programs within their regions and across the country as well as with their Regional and Head Start Bureau staff to develop strategies to address areas needing attention as identified by the measures. In this way, the information generated by performance measures data will become a valuable resource for grantees to use in their own continuous improvement efforts.

5. Conclusion

The performance measures will provide a snapshot of Head Start's program performance at a given point in time and the capacity to compare its performance to the past. By generating a comprehensive picture of how well the program is producing positive outcomes, the measures will provide an assessment of Head Start's performance at the national level through the production of periodic national Head Start progress reports. This first report provides a benchmark against which the national program as well as the Regions and local programs can measure themselves as they strive for excellence in program operations and impact. This assessment will also furnish straightforward program accountability information which will be useful in justifying Head Start's funding levels for Executive branch policymakers, Congress and the public.

APPENDIX A

HEAD START PROGRAM

GOAL, OBJECTIVES, MEASURES, INDICATORS AND DATA SOURCES

ULTIMATE GOAL:

To bring about a greater degree of social competence in preschool children from low-income families

OBJECTIVE 1: ENHANCE CHILDREN'S GROWTH AND DEVELOPMENT.

PERFORMANCE MEASURE	PERFORMANCE INDICATOR Percent of change in:	DATA SOURCE
1. Head Start children demonstrate improved emergent literacy, numeracy, and language skills.	Head Start children's emergent literacy	Child assessment, parent interview, teacher ratings
	Head Start children's language skills	Child assessment, parent interview, teacher ratings
	Head Start children's numerical skills	Parent interview, child assessment
2. Head Start children demonstrate improved general cognitive skills.	Head Start children's general memory, reasoning, and problem solving	Child assessment, parent interview, teacher ratings
	Head Start children's musical ability and creativity	Teacher ratings
3. Head Start children demonstrate improved gross and fine motor skills.	Head Start children's gross and fine motor skills	Child assessment, parent interview, teacher ratings
4. Head Start children demonstrate improved positive attitudes toward learning.	Head Start children's initiative and attitudes toward learning	Teacher ratings
	Head Start children's task mastery	Parent interview, classroom observation
5. Head Start children demonstrate improved social behavior and emotional well-being.	Head Start children's positive social behavior and behavior problems	Parent interview, teacher ratings
	Head Start children's social interaction with peers	Parent interview, classroom observation
6. Head Start children demonstrate improved physical health.	The extent to which Head Start children experience normal height and weight growth rates	Record Reviews

OBJECTIVE 2: STRENGTHEN FAMILIES AS THE PRIMARY NURTURERS OF THEIR CHILDREN.

PERFORMANCE MEASURE	PERFORMANCE INDICATOR Percent of change in:	DATA SOURCE
7. Head Start parents demonstrate improved parenting skills.	Head Start children's home environment safety	Parent interview
	Head Start children's learning environment in the home	Parent interview
	Head Start parents' limit-setting and disciplinary methods	Parent interview
8. Head Start parents improve their self-concept and emotional well-being.	Head Start parents' sense of control over their own lives	Parent interview
	Head Start parents' depression	Parent interview
	Head Start parents' social support network	Parent interview
9. Head Start parents make progress toward their educational, literacy, and employment goals.	Head Start parents' receipt of needed employment, job training, education, and literacy services	Parent interview
	Of the total number of paid staff or volunteers, the number and percent who are current or former Head Start parents	PIR

OBJECTIVE 3: PROVIDE CHILDREN WITH EDUCATIONAL, HEALTH, AND NUTRITIONAL SERVICES.

PERFORMANCE MEASURE	PERFORMANCE INDICATOR	DATA SOURCE
10. Head Start programs provide developmentally appropriate educational environments.	Measurement of Head Start programs' classroom physical environments including space, equipment, and materials	Classroom observation
	The extent to which Head Start program activities are varied and well-planned	Classroom observation
	Measurement of Head Start programs' opportunities for child choice and self-initiated learning	Classroom observation
	Measurement of parents' satisfaction with the helpfulness of Head Start services and support	Parent interview
11. Head Start staff interact with children in a skilled and sensitive manner.	Measurement of teachers' facilitation of children's cognitive, linguistic, social, emotional, and physical development	Classroom observation
	Measurement of Head Start teachers' emotional tone of adult-child interaction	Classroom observation
12. Head Start programs support and respect children's cultures.	Measurement of how well Head Start programs serve children and families whose native language is not English	HSMTS, parent interview
	The extent to which the diversity of family culture, languages, and family life is represented in materials and activities for children and parents	Classroom observation

OBJECTIVE 3: PROVIDE CHILDREN WITH EDUCATIONAL, HEALTH, AND NUTRITIONAL SERVICES (CONTINUED).

PERFORMANCE MEASURE	PERFORMANCE INDICATOR	DATA SOURCE
13. Head Start assures children receive needed medical, dental, and mental health services.	The number and percent of Head Start children who received needed medical services	PIR, HSMTS
	The number and percent of Head Start children who received needed dental services	PIR
	The number and percent of Head Start children who received needed mental health services	PIR
	The number and percent of Head Start children who received needed immunizations	PIR
14. Head Start children receive meals and snacks that meet their daily nutritional needs.	The number and percent of children who received meals and snacks meeting their nutritional needs	HSMTS
15. Head Start programs provide individualized services for children with disabilities.	Measurement of how well Head Start serves children with disabilities: <ul style="list-style-type: none"> ■ Number and percent with Individualized Education Plans (IEPs) ■ Number and percent receiving services in their IEPs ■ Number and percent fully engaged in program activities 	PIR, HSMTS, classroom observation
	Percent of Head Start parents who are able to better meet the special needs of their children with disabilities because of Head Start	Parent interview

OBJECTIVE 4: LINK CHILDREN AND FAMILIES TO NEEDED COMMUNITY SERVICES.

PERFORMANCE MEASURE	PERFORMANCE INDICATOR	DATA SOURCE
16. Head Start parents link with social service agencies to obtain needed services.	The ratio of the total number of Head Start families to the number of family service workers	Future PIR
	The extent to which parents received needed social services (e.g., child care, WIC, housing assistance)	Parent interview
17. Head Start parents link with educational agencies to obtain needed services.	The extent to which parents received needed educational services (e.g., GED classes)	Parent interview, staff interview
	Measurement of how well Head Start helped parents and children make the transition from Head Start to kindergarten (e.g., talking to kindergarten teachers, visiting the new school)	Parent interview, staff interview
18. Head Start parents link with health care services to obtain needed care.	The number and percent of parents who report that they and their children have an ongoing source of continuous, accessible health care (i.e., a medical home)	Parent interview, staff interview
	The extent to which parents secured needed health services (e.g., child immunizations, mental health services)	Parent interview
19. Head Start parents secure child care in order to work, go to school, or gain employment training.	The number and percent of Head Start programs providing child care	PIR
	Of the Head Start programs that do not provide child care to Head Start children, the number and percent of Head Start programs providing linkages to child care	Parent interview, PIR
	The number and percent of Head Start parents who report they have stable child care services	Parent interview

OBJECTIVE 5: ENSURE WELL-MANAGED PROGRAMS THAT INVOLVE PARENTS IN DECISION-MAKING.

PERFORMANCE MEASURE	PERFORMANCE INDICATOR	DATA SOURCE
20. Head Start programs are well-managed.	The number and percent of programs using a financial management system that ensures budget management; maintains control over current operations; and provides timely, accurate, current, and complete disclosure of financial matters	HSMTS
	The number and percent of programs that performed annual self-assessments	HSMTS
	Head Start staff ratings of how important program goals regarding meeting parent needs are to staff (e.g., to teach parents about health and nutrition)	Staff interview
	The number and percent of programs that conducted a Community Needs Assessment (CNA) and used the information from the CNA for planning purposes	HSMTS
21. Head Start parents are involved actively in decisions about program operations.	The number and percent of programs that met all of the criteria regarding effective parent participation in the process of making decisions about the nature and operation of Head Start	HSMTS
	The extent to which parents influence Head Start programs	Parent interview

OBJECTIVE 5: ENSURE WELL-MANAGED PROGRAMS THAT INVOLVE PARENTS IN DECISION-MAKING (CONTINUED).

PERFORMANCE MEASURE	PERFORMANCE INDICATOR	DATA SOURCE
22. Head Start programs employ qualified staff.	The number and percent of classroom teachers with a degree in Early Childhood Education (ECE), a Child Development Associate (CDA) credential, a State-awarded preschool certificate, or a degree in a field related to ECE plus a State-awarded certificate	PIR, staff interview
	The number and percent of home-visitors with a degree in child and family studies, adult education, home economics, psychology or social work; a degree in ECE; or a home-visitor CDA	PIR
	The number and percent of programs operating center-based or combination center/home-based options that employ at least two paid staff per classroom and maintain appropriate class sizes for the ages of the children served	HSMTS
	The number and percent of programs operating home-based options that maintain an average caseload of 10 to 12 families per home visitor and no more than 12 families for any home visitor	HSMTS
	The extent to which Head Start staff salaries are equitable with national averages	PIR, National Center for Early Childhood Workforce
	Of the total number of staff, length of service, and number and percent who left the program and were replaced	Future PIR, staff interview
	The extent to which Head Start staff receive appropriate ongoing training and staff development	HSMTS, staff interview
23. Head Start programs support staff development and training.	The extent to which Head Start programs provide ongoing and effective staff development and training activities	HSMTS, staff interview
	The extent to which Head Start programs maintain a positive organizational climate that offers administrative and peer support and teamwork	Staff interview
24. Head Start programs comply with Head Start regulations.	Of the programs identified as having significant performance problems, the number and percent that have corrected their deficiencies or have been replaced	Regional Office Reports

APPENDIX B

APPENDIX B: ADDITIONAL YEAR 1 PERFORMANCE MEASURES DATA

The following tables present all of the performance measures data that are currently available and that are not discussed in the body of this report.

As discussed previously, data related to many of the performance measures and indicators are not available at this time. Once the first wave of the FACES study is completed, additional data supporting each measure will be available. For each table, the objective, measure and indicator which correspond to the data as well as the source of the data are provided. Keep in mind that if the source of data is the HSMTS, the data will represent only those programs that were monitored in a particular year (approximately one-third of all programs). A brief discussion of each table is also provided.

Objective 3, Measure 12: Head Start programs support and respect children’s cultures.

Indicator: Measurement of how well Head Start programs serve children and families whose native language is not English

Table 1
Monitored Programs Serving Non-English Speaking Children with
Same Language Staff
Source: HSMTS

Year	# Monitored Programs with Non-English Speaking Children	# Programs with Same Language Staff	% Programs with Same Language Staff
1994	296	290	98%
1995	330	319	97%
1996	321	312	97%

Head Start programs strive to employ staff that reflect the racial and ethnic composition of the children in the program. Specifically, efforts are made to have staff available who are able to speak to children in their native language. At least 97 percent of Head Start programs monitored between 1994 and 1996 and that served non-English speaking children had “same language” staff available.

Objective 3, Measure 13: Head Start assures children receive needed medical, dental, and mental health services.

Indicator: The number and percent of Head Start children who received needed medical services

Table 2
Children Receiving Needed Medical Services
Source: PIR

Year	# Children Screened	# Children Identified As Needing Treatment	# Children Who Began But Have Yet to Complete Treatment	# Children Who Completed Treatment	% Children Receiving Needed Treatment
1988	470,510	108,832	17,440	88,119	97%
1989	475,546	107,014	16,889	87,421	98%
1990	473,609	103,934	16,904	84,333	97%
1991	524,981	113,107	19,805	89,924	97%
1992	586,448	132,173	25,277	102,268	97%
1993	629,383	143,746	29,522	109,527	97%
1994	693,719	156,186	34,049	116,237	96%
1995	741,307	168,792	37,947	121,813	95%
1996	749,857	163,837	37,636	117,915	95%

The Head Start program provides comprehensive health services to participating children through direct service or through referrals to community agencies. The number of children medically screened has increased from 470,510 children in 1988 to 749,857 in 1996. Although enrollment has increased substantially throughout these years, in program year 1995-1996 Head Start continued to medically screen 95 percent of children who participated in the program for any length of time. Of the children medically screened, the number of children needing treatment has steadily increased from 108,832 in 1988 to 168,792 in 1995, with a slight drop back to 163,837 in 1996. Head Start provided treatment to at least 95 percent of those children needing treatment from 1988 through 1996.

Objective 3, Measure 13: Head Start assures children receive needed medical, dental, and mental health services.

Indicator: The number and percent of Head Start children who received needed medical services

Table 3
Monitored Programs in Which Treatment Was Obtained or Arranged for
all Child Health Problems
Source: HSMTS

Year	# Programs Monitored	# Programs Providing/ Arranging Health Treatment	% Programs Providing/ Arranging Health Treatment
1994	438	336	77%
1995	477	371	78%
1996	469	376	80%

Table 3 provides supplementary information about the extent to which Head Start children are receiving needed medical services. Of the 438 programs monitored in 1994, 336 provided or arranged treatment for all Head Start children who required medical services. In 1996, the number of programs providing or arranging these services increased to 376, and the percentage of the number of programs monitored increased as well to 80 percent.

Objective 3, Measure 13: Head Start children assures receive needed medical, dental, and mental health services.

Indicator: The number and percent of Head Start children who received needed dental services

Table 4
Head Start Children Receiving Needed Dental Treatment
Source: PIR

Year	# Children Receiving Dental Exams	# Children Identified As Needing Dental Treatment	# Children Who Began But Have Yet to Complete Treatment	# Children Who Completed Treatment	% Children Receiving Needed Treatment
1988	460,461	158,939	23,743	130,054	97%
1989	463,334	155,234	22,005	127,327	96%
1990	463,535	156,156	24,238	126,008	96%
1991	508,612	163,998	28,443	129,886	97%
1992	570,079	182,275	35,869	140,077	97%
1993	614,014	186,356	35,637	142,183	95%
1994	675,823	205,610	44,099	151,081	95%
1995	724,757	219,898	49,367	156,765	94%
1996	735,532	220,676	53,309	153,486	94%

In addition to providing direct or referred medical services, the Head Start program also ensures that participating children receive needed preventive and restorative dental services. As program enrollments has increased, so has the number of children receiving dental examinations. In 1988, 460,461 Head Start children received dental examinations as compared to 735,532 children in 1996. This represents a 60 percent increase in the number of children receiving dental examinations in eight years. The number of children needing restorative dental treatment has increased substantially as well. In 1988, 158,939 children needed treatment while 220,676 needed treatment in 1996. Of the children needing treatment, the percentage receiving dental services (the number who began treatment plus the number who completed treatment) has continued to be high, remaining above 93 percent during the period between 1988 and 1996.

Objective 3, Measure 13: Head Start children assures receive needed medical, dental, and mental health services.

Indicator: The number and percent of Head Start children who received needed mental health services

Table 5
Head Start Children Receiving Needed Treatment for
Emotional and Behavioral Problems
Source: PIR

Year	# Children Identified as Needing Treatment	# Children Receiving Treatment	% Children Receiving Needed Treatment
1992	15,013	11,479	77%
1993	18,634	14,331	77%
1994	20,234	15,173	75%
1995	24,139	18,074	75%
1996	27,353	20,628	75%

The number of Head Start children needing treatment for emotional or behavioral problems also has increased with the growth in enrollment. In 1992, 15,013 participating children needed mental health treatment. This number grew to 27,353 in 1996. Despite this nearly two-fold increase in the number of children needing treatment, the percentage receiving needed treatment has remained at approximately 75 percent.

Objective 3, Measure 14: Head Start children receive meals and snacks that meet their daily nutritional needs.

Indicator: The number and percent of children who received meals and snacks meeting their nutritional needs

Table 6
Monitored Programs Providing Adequate Meals and Snacks
Source: HSMTS

Year	# Programs Monitored	# Programs Adequate Food	% Programs Adequate Food
1991	194	181	93%
1992	231	208	90%
1993	217	204	94%
1994	245	227	93%
1995	267	247	93%
1996	264	250	95%

Head Start programs are required to provide meals and snacks meeting the daily nutritional needs of enrolled children, proportionate to the amount of time the children spend in the program each day. Of the center-based or combination home and center-based programs monitored from 1991-1996, over 90 percent per year provided adequate nourishing meals and snacks to their children. Percentages of programs providing adequate meals was fairly stable over the years from 93 percent in 1991 to 95 percent in 1996. The slight variations over the years may be due more to variations in the number and selection of programs monitored each year than actual differences.

Objective 3, Measure 15: Head Start programs provide individualized services for children with disabilities.

Indicator: The number and percent of Head Start children with an Individualized Education Plan (IEP)

Table 7
Monitored Programs with an IEP for Every Child with a Disability
Source: HSMTS

Year	# Programs Monitored	# Programs with IEP for Every Child with a Disability	% Programs with IEP for Every Child with a Disability
1994	438	345	79%
1995	477	375	79%
1996	469	377	80%

Head Start programs make special efforts to recruit and serve children with disabilities. Programs follow both Head Start regulations and the Individuals with Disabilities Education Act provisions that require an Individualized Education Plan (IEP) be developed for each child diagnosed with disabilities. Although specific data as to the number and percent of Head Start children with IEPs are not available currently, data capturing the number and percent of programs which have IEPs for all children with diagnosed disabilities are. Of programs monitored from 1994-1996, over 78 percent had IEPs for every child with a disability. The percentage rose slightly from 79 percent of programs monitored in 1994 to 80 percent of programs monitored in 1996. As all children with disabilities should have IEPs, this is an area in which improvement appears needed.

Objective 3, Measure 15: Head Start programs provide individualized services for children with disabilities.

The number and percent of Head Start children receiving services in their IEPs

Table 8
Monitored Programs Providing Services in IEPs as Soon as Possible after IEP Meeting
Source: HSMTS

Year	# Programs Monitored	# Programs Providing IEP Services Soon after Meeting	% Programs Providing IEP Services Soon after Meeting
1994	438	381	87%
1995	477	415	87%
1996	469	413	88%

In addition to the development of an IEP for each child with a disability, it is important that children receive needed services in a timely manner. Of the monitored programs in 1994-1996, more than 87 percent provided needed services to children with disabilities soon after the IEP meeting.

Objective 5, Measure 20: Head Start programs are well-managed.

Indicator: The number and percent of programs using a financial management system that ensures budget management; maintains control over current operations; and provides timely, accurate, current, and complete disclosure of financial matters

Table 9
Monitored Programs Using Financial Management Systems to Ensure Budget Management
Source: HSMTS

Year	# Programs Monitored	# Programs with a Financial Management System	% Programs with a Financial Management System
1991	355	327	92%
1992	420	364	87%
1993	405	340	84%
1994	438	389	89%
1995	477	428	90%
1996	469	411	88%

Concerted efforts have been made in recent years to assure that Head Start programs are well-managed and follow sound accounting and budgeting procedures. Poorly managed grantees receive technical assistance or are not re-funded. From 1991 to 1996, monitored programs using financial management systems that ensure budget management ranged from 84 percent in 1993 to 92 percent in 1991.

Objective 5, Measure 20: Head Start programs are well-managed.

The number and percent of programs that performed annual self-assessments

Table 10
Monitored Programs Conducting Self-Assessments
Source: HSMTS

Year	# Programs Monitored	# Programs Conducting Assessments	% Programs Conducting Assessments
1991	355	299	84%
1992	420	349	83%
1993	405	341	84%
1994	438	376	86%
1995	477	406	85%
1996	469	402	86%

Head Start grantee and delegate agencies are required to perform an annual self-assessment conducted by trained staff and parents for planning purposes. Of monitored programs between 1991 and 1996, at least 83 percent completed such an assessment.

Objective 5, Measure 20: Head Start programs are well-managed.

The number and percent of programs that conducted a Community Needs Assessment (CNA) and used the information from the CNA for planning purposes

Table 11
Monitored Programs Conducting CNAs and Using the Information for Planning Purposes
Source: HSMTS

Year	# Programs Monitored	# Programs That Conducted a CNA	% Programs That Conducted a CNA	# Programs Using CNA Information	% Programs Using CNA Information
1991	355	309	87%	N/A	N/A
1992	420	361	86%	N/A	N/A
1993	405	336	83%	N/A	N/A
1994	438	367	84%	367	100%
1995	477	370	78%	365	99%
1996	469	374	80%	374	100%

Programs are also required to conduct Community Needs Assessments in their localities to help determine long and short range goals, component areas to be emphasized, and recruitment strategies. Over three-quarters of monitored programs from 1991 to 1996 conducted these assessments. Data that capture the extent to which this information is used for planning are available from 1994 on, and reflect that almost every program that conducted a CNA utilized those data to shape program service delivery.

Objective 5, Measure 22: Head Start programs employ qualified staff.

The number and percent of home-visitors with a degree in child and family studies, adult education, home economics, psychology or social work; a degree in ECE; or a home-visitor CDA

Table 12
Home Visitors with Appropriate Credentials
Source: PIR

Year	# Home Visitors	# Home Visitors with Appropriate Credentials	% Home Visitors with Appropriate Credentials
1988	3,276	1,477	45%
1989	3,184	1,698	53%
1990	3,196	1,855	58%
1991	3,675	2,098	57%
1992	4,082	2,447	60%
1993	4,401	2,610	59%
1994	4,703	2,809	60%
1995	4,839	2,904	60%
1996	4,809	2,840	59%

Data on the number and percent of classroom teachers with appropriate teacher credentials are provided in the body of this report. Additionally, programs strive to employ qualified home visitors. Since 1988, the number of home visitors has risen steadily with enrollment, increasing from 3,276 in 1988 to 4,809 in 1996. At the same time, the percent of home visitors with appropriate credentials has also risen, increasing from 45 percent in 1988 to nearly 60 percent in 1996.

Objective 5, Measure 22: Head Start programs employ qualified staff.

Indicator: The number and percent of programs operating a center-based or combination center-based/home-based options that employ at least two paid staff per classroom and maintain appropriate class sizes for the ages of the children served

Indicator: The number and percent of programs operating home-based options that maintain an average caseload of 10 to 12 families per home visitor and no more than 12 families for any home visitor

Table 13
Monitored Programs with Adequate Classroom Staff, Appropriate Classroom Size, and
Appropriate Home Visitor Caseloads
Source: HSMTS

Year	# Monitored Programs	# Programs with Adequate Classroom Staff and Size	% Programs with Adequate Classroom Staff and Size	# Programs with Home Based Programs	# Programs with Home Visitor Caseload of 10-12 Families Per	# Programs with Home Visitor Caseload of 10-12 Families Per
1994	436	395	91%	178	173	97%
1995	473	439	93%	192	183	95%
1996	464	422	91%	184	177	96%

To ensure that developmentally appropriate educational experiences are provided to Head Start children, it is important that programs employ sufficient numbers of appropriately trained staff to serve children and families. From 1994-1996, over 90 percent of the programs monitored had at least two paid staff per classroom and maintained the appropriate class size for the ages of the children served. For the home-based programs monitored (between 178 and 192 per year), 95 percent or more maintained an average home visitor caseload of 10-12 families or less.

Objective 5, Measure 23: Head Start programs support staff development and training.

The extent to which Head Start programs provide ongoing and effective staff development and training activities

Table 14
Monitored Programs Providing Ongoing Training in Child Development
to Staff and Volunteers
Source: HSMTS

Year	# Programs Monitored	# Programs Providing Ongoing Training	% Programs Providing Ongoing Training
1994	438	406	93%
1995	477	429	90%
1996	469	428	91%

Head Start grantees provide pre-service and in-service training opportunities to program staff and volunteers to assist them in acquiring or increasing the knowledge and skills they need to fulfill their job responsibilities. Of the programs monitored from 1994-1996, at least 90 percent of them provided child development training for their staff and volunteers.

Objective 5, Measure 24: Head Start programs comply with Head Start Program regulations.

Indicator: Of the programs identified as having significant performance problems, the number and percent that have corrected their deficiencies or have been replaced

Programs that are not well-managed are provided with technical assistance to help them correct their problems. According to Regional reports during FY 1996, 120 Head Start grantees were identified as having deficiencies and are working on Quality Improvement Plans to correct their problems. If programs cannot resolve their deficiencies within a given period of up to one year, they are requested to relinquish their grants or their grants are terminated (relinquishments often occur for other reasons besides those related to quality and performance, however). Since October of 1993, 65 programs have relinquished their grant or have been terminated.